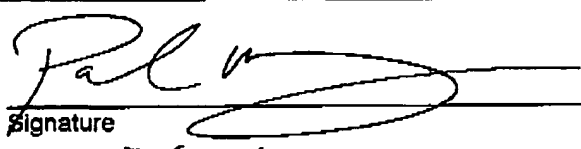
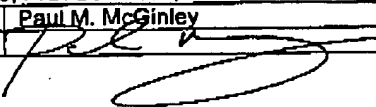
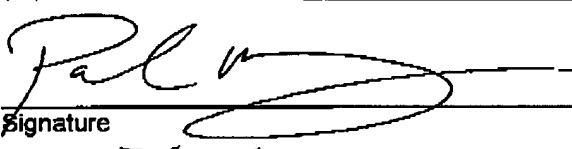


| | | | | | | | |
|--|----------------------------------|----------------------|------------------------------------|---|--------|--|--------|
| TRANSMITTAL FORM | | Application Number | | 10/672,717 | | RECEIVED CENTRAL FAX CENTER JUL 25 2005 | |
| | | Filing Date | | September 26, 2003 | | | |
| | | First Named Inventor | | Mark Willer | | | |
| | | Art Unit | | 3724 | | | |
| | | Examiner Name | | Hwei Siu Chou Payer | | | |
| Total Number of Pages in This Submission | | 12 | | Attorney Docket Number | | 066042-9415-01 | |
| ENCLOSURES (check all that apply) | | | | PETITION FOR EXTENSION OF TIME | | | |
| <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> Before Final: Amendment (8 pages) <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08A (or 08B) Forms <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Status Letter <input type="checkbox"/> Other: | | | | This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. <input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27. <input type="checkbox"/> Applicant(s) petitions for a one-month extension of time and pay the fee of \$120.00 (37 CFR 1.17(a)(1)-(5)). <input checked="" type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely. | | | |
| | | | | | | | |
| CLAIMS FEES | | | | | | | |
| <input checked="" type="checkbox"/> No additional claim fee is required. | | | | | | | |
| | | | | Small Entity | | Large Entity | |
| | Claims Remaining After Amendment | | Highest Number Previously Paid For | Extra Claims Present | Rate | Addit. Claim Fee | Rate |
| Total | 32 | - | 43 | =0 | x 25= | \$ | x 50= |
| Independent | 8 | - | 8 | =0 | x 100= | \$ | x 200= |
| <input type="checkbox"/> First Presentation of Multiple Claim | | | | | + 180= | \$ | + 360= |
| FEES | | | | | | | |
| <input type="checkbox"/> Additional Claim Fee | | | | | | \$0.00 | |
| <input type="checkbox"/> Extension fee for one-month | | | | | | \$0.00 | |
| <input type="checkbox"/> Information Disclosure Statement | | | | | | \$0.00 | |
| <input type="checkbox"/> Surcharge for Missing Parts - Declaration | | | | | | \$0.00 | |
| <input type="checkbox"/> Terminal Disclaimer | | | | | | \$0.00 | |
| TOTAL FEES | | | | | | \$0.00 | |
| PAYMENT OF FEES | | | | | | | |
| <input type="checkbox"/> A check in the amount of \$ is enclosed. | | | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-3080. Duplicate copy of this transmittal enclosed for this purpose. | | | | | | | |
| <input type="checkbox"/> The Director is authorized to charge Deposit Account Number 13-3080 in the amount of \$0.00. | | | | | | | |
| SIGNATURE OF ATTORNEY | | | | | | | |
| Paul M. McGinley, Reg. No. 55,443 MICHAEL BEST & FRIEDRICH, LLP 100 East Wisconsin Avenue, Suite 3300 Milwaukee, WI 53202-4108 Telephone: (312) 222-0800 | | | |  Signature | | | |
| | | | | Date: 7/25/05 | | | |
| CERTIFICATE OF TRANSMISSION/MAILING | | | | | | | |
| I hereby certify that this correspondence is: | | | | | | | |
| <input checked="" type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number (671) 273-8300. | | | | | | | |
| <input type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below | | | | | | | |
| Typed or printed name | | | | Paul M. McGinley | | | |
| Signature | | | |  | | | |
| | | | | Date: 7/25/05 | | | |

| | | | | | | | |
|--|----------------------------------|----------------------|---|---|----------------|------------------|--------|
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| <input type="checkbox"/> First Presentation of Multiple Claim | | | | | + 180= | \$ | + 360= |
| FEES | | | | | | | |
| <input type="checkbox"/> Additional Claim Fee | | | | | | \$0.00 | |
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| TOTAL FEES | | | | | | \$0.00 | |
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| Paul M. McGinley, Reg. No. 55,443 MICHAEL BEST & FRIEDRICH, LLP 100 East Wisconsin Avenue, Suite 3300 Milwaukee, WI 53202-4108 Telephone: (312) 222-0800 | | | |  Signature | | | |
| | | | | Date: 7/25/05 | | | |
| CERTIFICATE OF TRANSMISSION/MAILING | | | | | | | |
| I hereby certify that this correspondence is: | | | | | | | |
| <input checked="" type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number (571) 273-8300. | | | | | | | |
| <input type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below | | | | | | | |
| Typed or printed name | | | | Paul M. McGinley | | | |
| Signature | | | | Date: 7/25/05 | | | |

RECEIVED
CENTRAL FAX CENTER
JUL 25 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
Group Art Unit 3724

In re

Patent Application of

Mark Willer, et al.

Application No. 10/672,717

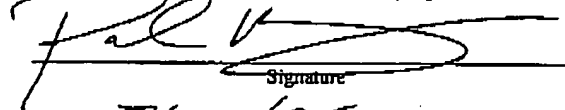
Confirmation No. 1118

Filed: September 26, 2003

Examiner: Hwei Siu Chou Payer

"CIRCULAR SAW"

I, Paul M. McGinley, hereby certify that this correspondence is being deposited with the US Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being transmitted via facsimile to the USPTO (571) 273-8300 on the date of my signature.


Signature
7/25/05
Date of Signature

AMENDMENT C

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This communication responds to the Office action mailed April 28, 2005 and is filed within the three-month shortened statutory period for reply. No extension of time is necessary. Please charge any required fees or credit any overpayment to Deposit Account No. 13-3080.

Please amend the application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks/Conclusion begin on page 10 of this paper.